



MAIL STOP PETITIONS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: : Group Art Unit: 3723
KATZMAN et al. : Examiner: unknown
Serial No. 10/693,665 :
Filed: October 27, 2003 :
For: LENS PRODUCTION METHOD AND : Atty Docket: 25794
PROCESS :
:

PETITION FOR EXTENSION OF TIME UNDER 37 CFR § 1.136
and
FEE PAYMENT AUTHORIZATION UNDER 37 CFR § 1.17

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Sir:

SMALL ENTITY

Pursuant to 37 CFR §§ 1.17, 1.136, applicant(s), a qualified SMALL ENTITY, hereby petition(s) for an extension of time as follows:

- One-month extension of time to respond to the Office Action dated _____ (\$60.00 fee)
- Two-month extension of time to respond to the Office Action dated _____ (\$225.00 fee)
- Three-month extension of time to respond to the Office Action dated _____ (\$510.00 fee)
- Four-month extension of time to respond to the Office Action dated _____ (\$795.00 fee)
- ☒ Five-month extension of time to respond to the Office Action dated 03/14/2005 (\$1,080.00 fee)

A check including the above-indicated amount is enclosed. If extensions of time under 37 CFR § 1.136 other than those provided herewith are required to allow consideration of papers accompanying this Petition, then such extensions of time are hereby petitioned. The Commissioner is hereby authorized to charge fee deficiency under 37 CFR §§ 1.16 or 1.17, or credit any overpayment, to Deposit Account No. 14-0112.

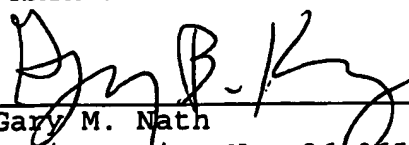
0 /04/2006 SZEWDIE1 00000019 10693665

0 FC:2255 1080.00 DP

Date: January 3, 2006
NATH & ASSOCIATES PLLC
112 South West Street
Alexandria, VA 22314
(703) 548-6284

Respectfully submitted,
NATH & ASSOCIATES PLLC

By:


Gary M. Nath
Registration No. 26,965
Gregory B. Kang
Registration No. 45,273
Customer No. 20529

Adjus ment date: 08/24/2006 CKHLQK
01/04/2006 SZEWDIE1 00000019 10693665
FC: 2255 -1080.00 DP
Ref: 08/24/2006 CKHLQK 0008124600
Name/Number: 10693665
FC: 9/04 \$1080.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																
1 Date of Request: <u>08/23/06</u>				2 Serial/Patent # <u>10/693,665</u>												
3 Please refund the following fee(s):				4 PAPER NUMBER		5 DATE FILED		6 AMOUNT								
<input type="checkbox"/> Filing								\$								
<input type="checkbox"/> Amendment								\$								
<input checked="" type="checkbox"/> Extension of Time						01/03/06		\$ 1,080.00								
<input type="checkbox"/> Notice of Appeal/Appeal								\$								
<input type="checkbox"/> Petition								\$								
<input type="checkbox"/> Issue								\$								
<input type="checkbox"/> Cert of Correction/Terminal Disc.								\$								
<input type="checkbox"/> Maintenance								\$								
<input type="checkbox"/> Assignment								\$								
<input type="checkbox"/> Other								\$								
						7 TOTAL AMOUNT OF REFUND		\$ 1,080.00								
						8 TO BE REFUNDED BY:										
						<input type="checkbox"/> Treasury Check										
						<input checked="" type="checkbox"/> Credit Deposit A/C #:										
						9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">4</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> </tr> </table>				1	4	--	0	1	1	2
1	4	--	0	1	1	2										
10 REASON:																
<input type="checkbox"/> Overpayment																
<input type="checkbox"/> Duplicate Payment																
<input checked="" type="checkbox"/> No Fee Due (Explanation):																
Late																
11 REFUND REQUESTED BY:																
TYPED/PRINTED NAME: <u>Frances Hicks</u> TITLE: <u>Petitions Examiner</u>																
SIGNATURE: <u><i>Frances Hicks</i></u> PHONE: <u>X23218</u>																
OFFICE: <u>Office of Petitions</u>																
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																
APPROVED: <u><i>CKhob</i></u> DATE: <u>8/24/06</u>																

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**